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CONFIRMATION NO. 6451

SERIAL NUMBER 10/695,145	FILING DATE 10/28/2003 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 6149
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APPLICANTS

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** CONTINUING DATA *****
None my

** FOREIGN APPLICATIONS *****
None my

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>Milamier my</i> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
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 00881
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TITLE
 Lateral flow immunoassay device

FILING FEE RECEIVED 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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